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APPLICANTS

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** CONTINUING DATA ***** *none - R.O.*

** FOREIGN APPLICATIONS ***** *none - R.O.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Philip S. Johnson</i> Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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TITLE
 Endoscopic mucosal resection device with conductive tissue stop

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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